

## ISSUE SLIP STAPLE AREA (for additional cross-references)

## ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
428	195	428	207	323	411.1	532	534	536
								537.5
INTERNATIONAL	CLASSIFICATION		427	256	272	282		
			556	400	465			
B32B	3100							
	1							
	1							
	1							
	1							

^ Continued on Issue Slip Inside File Jacket

## INDEX OF CLAIMS

✓ ..... Rejected - (Through numeral) ... Canceled N ..... Non-elected A ..... Appeal  
 = ..... Allowed + ..... Restricted I ..... Interference O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final Original 04	10/15/04	Final Original 07	10/15/04	Final Original 10	10/15/04
1 1	=	51 51	=	101 101	=
2 2		52 52		102 102	
3 3		53 53		103 103	
4 4		54 54		104 104	
5 5		55 55		105 105	
6 6		56 56		106 106	
7 7		57 57		107 107	
8 8		58 58		108 108	
9 9		59 59		109 109	
10 10		60 60		110 110	
11 11		61 61		111 111	
12 12		62 62		112 112	
13 13		63 63		113 113	
14 14		64 64		114 114	
15 15		65 65		115 115	
16 16		66 66		116 116	
17 17		67 67		117 117	
18 18		68 68		118 118	
19 19		69 69		119 119	
20 20		70 70		120 120	
21 21		71 71		121 121	
22 22		72 72		122 122	
23 23		73 73		123 123	
24 24		74 74		124 124	
25 25		75 75		125 125	
26 26		76 76		126 126	
27 27		77 77		127 127	
28 28		78 78		128 128	
29 29		79 79		129 129	
30 30		80 80		130 130	
31 31		81 81		131 131	
32 32		82 82		132 132	
33 33		83 83		133 133	
34 34		84 84		134 134	
35 35		85 85		135 135	
36 36		86 86		136 136	
37 37		87 87		137 137	
38 38		88 88		138 138	
39 39		89 89		139 139	
40 40		90 90		140 140	
41 41		91 91		141 141	
42 42		92 92		142 142	
43 43		93 93		143 143	
44 44		94 94		144 144	
45 45		95 95		145 145	
46 46		96 96		146 146	
47 47		97 97		147 147	
48 48		98 98		148 148	
49 49		99 99		149 149	
50 50		100 100		150 150	

If more than 150 claims or 9 actions staple additional sheet here

BEST AVAILABLE COPY

INDEX OF C. JIM'

Rejected  
Allowed  
i) Canceled  
Restricted

N  
I  
A  
0

Non-elected  
Interference  
Appeal  
Objected

Rejected  
Allowed  
i) Canceled  
Restricted

N  
I  
A  
0

10/031,738

Claim	Date
Final	10/03
Original	03
151	=
152	
153	
154	
155	
156	
157	
158	
159	
160	
161	
162	
163	
164	
165	
166	
167	
168	
169	
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	
181	
182	
183	
184	
185	
186	
187	
188	
189	
190	
191	
192	
193	
194	
195	
196	
197	
198	
199	
200	

Claim	Date
Final	10/03
Original	03
201	=
202	
203	
204	
205	
206	
207	
208	
209	
210	
211	
212	
213	
214	
215	
216	
217	
218	
219	
220	
221	
222	
223	
224	
225	
226	
227	
228	
229	
230	
231	
232	
233	
234	
235	
236	
237	
238	
239	
240	
241	
242	
243	
244	
245	
246	
247	
248	
249	
250	

BEST AVAILABLE CO

Winston Aviatrix  
National Stage Processing  
Paralegal Specialist  
(703) 305-6421

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE    
APPLICANT(S)  

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			/			
102			/			
103			/			
104			/			
105			/			
106			/			
107			/			
108			/			
109			/			
110			/			
111			/			
112			/			
113			/			
114			/			
115			/			
116			/			
117			/			
118			/			
119			/			
120			/			
121			/			
122			/			
123			/			
124			/			
125			/			
126			/			
127			/			
128			/			
129			/			
130			/			
131			/			
132			/			
133			/			
134			/			
135			/			
136			/			
137			/			
138			/			
139			/			
140			/			
141			/			
142			/			
143			/			
144			/			
145			/			
146			/			
147			/			
148			/			
149			/			
150			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031738** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
201			/	
202			/	
203			/	
204			/	
205			/	
206			/	
207			/	
208			/	
209			/	
210			/	
211			/	
212			/	
213			/	
214			/	
215			/	
216			/	
217			/	
218			/	
219			/	
220			/	
221			/	
222			/	
223			/	
224			/	
225			/	
226			/	
227			/	
228			/	
229			/	
230			/	
231			/	
232			/	
233			/	
234			/	
235			/	
236			/	
237			/	
238			/	
239			/	
240			/	
241			/	
242			/	
243			/	
244			/	
245			/	
246			/	
247			/	
248			/	
249			/	
250			/	
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
251								
252								
253								
254								
255								
256								
257								
258								
259								
260								
261								
262								
263								
264								
265								
266								
267								
268								
269								
270								
271								
272								
273								
274								
275								
276								
277								
278								
279								
280								
281								
282								
283								
284								
285								
286								
287								
288								
289								
290								
291								
292								
293								
294								
295								
296								
297								
298								
299								
300								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY